

AINSLIE HOUSE ASSOCIATION INC.

INCORPORATED
PATRON:
HIS EXCELLENCY THE HONOURABLE SIR GUY GREEN,
A.C.,K.B.E.
GOVERNOR OF TASMANIA

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20th November, 1998

Productivity Commission,
P.O. Box 80,
BELCONNEN, ACT 2616

Dear Mr. Woods,

Enclosed is our second submission which we presented to the productivity Hearing Commission in Hobart.

We would like to correct the statistics presented in the Aged Care Tasmanian submission. Page 14, table 9, where our population centre is quoted as 463. The population of George Town, of which Low Head is part of, is 7000. Number of places available is also incorrect, being 62 not 112.

Also enclosed are our financial details for the past three years. These documents are confidential.

We would like to take the opportunity to thank you for your interest and for allowing us to comment.

Yours sincerely,



GWEN NICHOLSON
DIRECTOR OF NURSING

SUBMISSION TO PRODUCTIVITY COMMISSION

REMOTE AREA

Cost of food is higher in Tasmania. Transport costs are higher, problems with getting repairs to specialised area eg. Convotherm stove, pan flushers, computers. Travel cost charged by tradesmen is \$ 45 per trip. Education is difficult to be delivered to staff, as they have to travel to city, or lecturer travels to us and therefore travel charge applies. As discussed at the Commission, Cook Chill is available in this region, the Launceston General Hospital supplying Cosgrove Park, Toosey, Maranatha, Tamar Park, and Ainslie day facility.

VIABILITY

We were forced to reduce bed numbers by 11 to be able to receive Commonwealth Capital funding for new home. This did effect our viability and restricted the amount of income we received. The old Nursing Home was purpose built, and therefore we were unable to sell it. We have since demolished it.

A possibility to increase funds would be to charge residents already in the home, fees which would reflect their capacity to pay.

We have been unable to obtain Community Aged Care packages, because of the number of nursing home beds in the area, but other providers have been able to bring them into the area. In partnership with the State Government it is possible to develop a Multi-Purpose service and provide health care services to the area. This way we are not in competition with the State Government and improve our viability. Ainslie are represented and participate on a health committee to bring under one umbrella all the services that are available in the community.

LAYOUT OF COMPLEX

All rooms in Hostel and Nursing home are single rooms with en-suite. This provides a very high standard of accommodation. Due to this set up, work load of the cleaners has increased, despite going down in residents numbers, the area to clean has increased.

EXTRA SERVICE PLACES

Difficult due to these rooms having to be separate from the rest of the Home. When the Old Nursing Home was first built, it was possible to have residents who wanted a higher level of accommodation to be able to pay for it. This is a suggestion to revert back to this practice.

RESIDENT CLASSIFICATION SCALE

Under the new funding arrangement where there is one funding scheme over high and low care, 2 residents in the high care have dropped from category 4 to 6. Therefore incurring a loss to the Home of \$24,265.20. These residents still expect the same level of care, and service. Therefore an inequity in new act.

AGED CARE ASSESSMENT

Residents classified as high care admitted to high care, when RCS is done, they are low care. If category 4 \$22,502.25 per year, if category. 6 \$10,369.65, therefore loss to home of \$12,213.26. Once a resident is settled, it is their right to remain where they are, by moving them, you are infringing on their residents rights. It is traumatic enough for them on entering care without them being unsettled and having to move. Staff rosters in high care are based on residents being in the higher categories. We are now going out into the community and assessing residents before admission, therefore doubling up on the work load.

When residents enter care they often improve with good care, regular meals, hygiene and security, therefore categories will drop. We are penalised by providing good care. An example is a resident enters as category 3, improves over the year and becomes category 5, under new scale category 6, therefore loss because of care given. But as previously stated they still expect the quality service. There is no discrimination be-cause of residents category.

There is duplication when residents need reassessing from low care to high care and are already in the high care area. The ACAT only base their assumptions on our documentation's. I see no need for this doubling up.

DEPRESSED HOUSING MARKET

Because of the depressed housing market in the country areas, we are not able to receive the high accommodation bonds that are accessible in the city. This limits the mount of money that is available to us for capital works and refurbishing.

AVAILABILITY OF RESIDENTS

We take what residents are available in the community, despite what categories they are. In the city, Homes are able to choose higher categories. We are there to provide a service to the community.

STATE AND COMMONWEALTH REGULATIONS.

Differing fire regulations has caused us to expend money to bring our new building up to Commonwealth standards. The new building has hard wired smoke detectors, sprinklers throughout, fire retardation in the walls and ceilings, but there was a problem as no compartmentalisation, and no fire hoses. State fire department had said they were not necessary. But when the building was certified, this was not allowed

ENTERPRISE BARGAINING

Ainslie have objected to following the blanket lead of the Tasmanian chamber of commerce and Industry, in regard to awards and conditions. We are at this point in time investigating setting up enterprise bargaining for all staff.